



# BONDED WEB USER APPLICATION

FOR DMV USE ONLY

SITE ID#

**ALL INFORMATION WILL REMAIN CONFIDENTIAL. PLEASE TYPE OR PRINT CLEARLY**

## I. APPLICATION FOR:

DOING BUSINESS AS (DBA)

STREET ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS (IF DIFFERENT)

DAYS AND HOURS OF OPERATION

## II. TYPE OF OWNERSHIP:

☐ Sole Owner ☐ Partnership ☐ Association ☐ Corporation ☐ Limited Liability Company (LLC)

## IRS FEDERAL TAX ID #

## III. OWNER/CORPORATION NAME, IF DIFFERENT FROM ABOVE:

CORPORATION #

OWNER/OR CORPORATION AS FILED WITH THE SECRETARY OF STATE

STREET ADDRESS PRINCIPAL PLACE OF BUSINESS

CITY

STATE

ZIP CODE

OFFICE TELEPHONE NUMBER

( )

FAX NUMBER

( )

## IV. CONTACT PERSON (Must be authorized designee of the firm):

NAME (FIRST, LAST)

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE TELEPHONE NUMBER

( )

FAX NUMBER

( )

E-MAIL ADDRESS

## V. AGENT FOR SERVICE OF PROCESS

NAME OF FIRM

DESIGNEE'S NAME (FIRST, LAST)

STREET ADDRESS

CITY

STATE

ZIP CODE

## VI. ESTIMATED VOLUME OF TRANSACTIONS YOU WILL PROCESS ANNUALLY:

NEW CARRIER, RENEWALS, ADD VEHICLES, ADD JURISDICTION, ETC.

## VII. OCCUPATIONAL LICENSEE: REGISTRATION SERVICE #

## VIII. NAMES OF EMPLOYEES WHO WILL PROCESS THE APPLICATIONS:

EMPLOYEE NAME (FIRST, LAST)

EMPLOYEE NAME (FIRST, LAST)

EMPLOYEE NAME (FIRST, LAST)

EMPLOYEE NAME (FIRST, LAST)

## IX. ALL PHYSICAL LOCATION(S) AND BRANCH LICENSE NUMBERS WHERE DMV INVENTORY (LICENSE PLATES, STICKERS, PAPER) WILL BE MAINTAINED: (Attach paper if additional space is needed.)

STREET ADDRESS

CITY

STATE

ZIP CODE

BRANCH LICENSE NUMBER

## X. CERTIFICATION

**I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

SIGNATURE OF AUTHORIZED AGENT

DATE

**X**

FIRM NAME

TELEPHONE NUMBER

( )

PRINTED NAME OF AUTHORIZED AGENT

TITLE

Return the completed application to:

DEPARTMENT OF MOTOR VEHICLES  
BONDED WEB USER PROGRAM, MS H825  
P.O. Box 932345  
SACRAMENTO, CA 94232-3700



# BONDED WEB USER DECLARATION

SITE ID#
----------

\_\_\_\_\_ declares that the following officers, partners, stockholders, and/or directors are the only officers, partners, stockholders, and/or directors who participate in the direction, control and management of the affairs of the Bonded Web User in the State of California:

NAME	TITLE				EFFECTIVE DATE
	PARTNER	OFFICER	DIRECTOR	PRINCIPAL STOCKHOLDER	

\_\_\_\_\_ declares that the following Limited Liability Company member(s) are the only Limited Liability Company member(s) who participate in the direction, control and management of the affairs of the Bonded Web User in the State of California:

NAME	EFFECTIVE DATE

I certify that I have read, understand, agree and will comply with all of the accompanying attachments for the Bonded Web User Program including Attachment A (International Registration Plan Bonded Web User Program), Attachment B (Special Terms and Conditions), and Attachment C (Authorized Transactions). \_\_\_\_\_initial

I certify that I am the official custodian of the records of this corporation and have the authority to affix the corporate seal. \_\_\_\_\_initial

**I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

SIGNATURE OF AUTHORIZED AGENT	DATE	TELEPHONE NUMBER
X		( )